

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90121 042 \*\*\*\*61.25

0082061

**DOCUMENT # 709597**

1. Entity Name

**THE FIRST METHODIST CHURCH OF FORT MEADE, INC.**

Principal Place of Business

Mailing Address

**135 E BROADWAY  
 FORT MEADE FL 33841  
 US**

**135 E BROADWAY  
 FORT MEADE FL 33841  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1090882**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KANTZ, JEFFREY -- CURRENT PASTOR  
 135 E BROADWAY  
 FORT MEADE FL 33841**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

January 17, 2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D**  Delete  
 NAME: **SHIRLEY, BOB**  
 STREET ADDRESS: **801 S HOUSTON AVE**  
 CITY-ST-ZIP: **FT MEADE FL**

TITLE: **D**  Change  Addition  
 NAME: **BELL, Paul**  
 STREET ADDRESS: **706 NE Fourth Street**  
 CITY-ST-ZIP: **Fort Meade FL**

TITLE: **D**  Delete  
 NAME: **NUNNALLER, JAMES**  
 STREET ADDRESS: **300 NE 3RD ST**  
 CITY-ST-ZIP: **FORT MEADE FL 33841**

TITLE: **NUNNALLER, JAMES**  Change  Addition  
 STREET ADDRESS: **NUNNALLER, JAMES**  
 CITY-ST-ZIP: **NUNNALLER, JAMES**

TITLE: **D**  Delete  
 NAME: **GUENTHER, DENNIS**  
 STREET ADDRESS: **610 NASHUA**  
 CITY-ST-ZIP: **FORT MEADE FL 33841**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **S**  Delete  
 NAME: **WARBURTON, ELFRIEDE B**  
 STREET ADDRESS: **2597 N. BROOKE RD**  
 CITY-ST-ZIP: **FORT MEADE FL 33841**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **TD**  Delete  
 NAME: **PALMER, HELEN**  
 STREET ADDRESS: **1010 E. BROADWAY**  
 CITY-ST-ZIP: **FT. MEADE FL 33841**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE: **D**  Change  Addition  
 NAME: **SNEAD, Bob**  
 STREET ADDRESS: **509 N Cleveland Ave.**  
 CITY-ST-ZIP: **Fort Meade FL**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02

863/285-9059

Date

Daytime Phone #

CFR2E037 (9/01)